

# **Tax Invoice**

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Policy Number	:	FGP-15-22-7006858-00-000	Address of Service Provider	Ţ	: 1st Floor D.No.7-1-21a Apdl Estate Opp Country	
Customer Id	:	58099636			Club Begumpet, Hyderabad, Telangana - 500016. Phone: +91 040-66038600 Fax: +91 22	
Invoice Number	:	202236ENT0022591			67001606	
Reverse Charge	1:	No take the state of the state	Area Code		: HYDERABAD	
Name of Insured/Proposer	:	SANSKRITHI SCHOOL OF ENGINEERING	FGI State Code	1	: 36	
Address	:	C/O.SANSKRITHI SCHOOL OF, BUSINESS BEHIND SATYASAI, SUPER SPECIALITY HOSPITAL, ANANTAPUR,PUTTAPARTHI, ANANTAPUR,PUTTAPARTHI, ANDHRA PRADESH - 515134	FGI GSTIN Number	1	: 36AABCF0191R1ZA	
			FGI PAN Number	1	: AABCF0191R	
	. 1		Intermediary Name/Code	1	: MAMILLAPALLI PRADYUMNA KOWSIK / 60090380	
Period of Insurance	:	From 22 Apr 2022 To midnight of 21 Apr 2023	Date of Issue	1	: 28/04/2022	
State Code	1:	37	HSN/SAC	7	997133	
GSTIN/UIN Number	:		Harry Jan Strategy	i i	성과 등 기가 내려왔다면 됐다면 하는데 되었다.	
Nature of Service	1:	General Insurance Service				

Received with thanks from SANSKRITHI SCHOOL OF ENGINEERING a sum of Rs.15452.00 towards Premium on the above mentioned policy.

PARTICULARS	TAX(%)	PREMIUM (Rs.)
Gross Premium		13095.00
Add: IGST Payable	18.00	2357.10
Add : Cess Payable	0.00	0.00
Total (see the leavest of the leaves	Committee of the second	15452.00

### NOTE :

- 1. This is a computer generated receipt and does not require a signature.
- In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands
  cancelled from the inception irrespective of whether a seperate communication is sent or not.
- 3. Upon issuance of this receipt, all previously issued temporary receipts, if any related to this policy, are considered null and void.
- 4. Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.



Sanskrithi School of Engineering Beedupalli Road, Prasanthingram. PUTTAPARTHI - 515 134. Anantapuramu (Dt) A.P.





# Disclaimer: (Wherever applicable)

- 1. Unnamed For Employee
- 2. If the Policy is on unnamed basis Following conditions will be applicable: --
- 3. Policy to be issued on all or none basis.
- 4. The group should have non-tamperable registers or records or procedures to identify the member insured / covered.
- 5. Policy should be issued position wise and grade wise.
- 6. Monthly declaration of addition / deletions & relevant endorsement to be passed.
- 7. At any point of time the total number of employees in each grade should not exceed as declared under the policy as per last endorsement.
- 8. At any given time the attendance sheet / roll should be available for Inspection.
- 9. Violation in number of persons covered will prejudice claim under the policy.
- 10. At the time of claim, employment proof & salary certificate should be submitted along with letter of HR certifying that claimant is the employee of organization along with his / her name and designation.



Principal
Sanskrithi School of Engineering
Beedupalli Road, Prasanthingram,
PUTTAPARTHI - 515 134.
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### Special Clauses, Conditions and Warranties

Cover:- Student ....

1) Sum insured is flat Rs. 50 Thousand per Student .....

- 2) In case of minor student claim will be paid to the parent of the student ......
- 3) The policy is on unnamed basis .....
- 4) Students only above 5 years age are covered under the policy .....
- \*\* All definition, terms and conditions would be as per Latest "HEALTH REGULATION" as applicable \*\*

#### **Exclusions**

1. Intentional self Injury 2. Accident while under the influence of alcohol or drugs. 3. Participation In felony, riot 4. attempted violation of the law 5. Whilst engaging in Aviation or Ballooning 6. Participating in motor racing 7. Curative treatments 8. Pregnancy and childbirth 9. War, Invasion, acts of foreign enemies 10. Nuclear energy, radiation 11. Any existing disablement prior to the inception of the Policy 12. sexually transmitted diseases 13. Any expense not recommended as Medically Necessary 14. Any expense incurred which is not exclusively medical in nature 15. Expenses incurred for emergency medical evacuation 16. non payable items

#### Important:-

1. All other Terms, Conditions and Exclusions stands as per Standard Group Personal Accident (Revised) Policy Wordings

- 2. In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a seperate communication is sent or not.
- 3. Kindly note that this policy will not cover any claims incurred in any country which is in the sanctioned list of travel restrictions issued by Government of India or prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.

Claims assistance

This policy is administered by :-

In-house Administrator - Future Generali Health(FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor

Building A, G - O - Square

Sr. No. 249 + 250, Near Mankar Chowk

Aundh Hinjewadi Link Road, Wakad

Pune, Maharashtra - 411057

Toll free number - 1800 209 1016 / 1800 103 8889

Toll free fax - 1800 209 1017 / 1800 103 9998

Email ID - fgh@futuregenerali.in

It is mandatory to intimate accidents to Future Generali through:

Email ID: fgh@futuregenerali.in

Receipt No:

1202272642997

Date of Issue :

28042022

Place of Issuance:

HYDERABAD

FOR FUTURE GENERALI INDIA INSURANCE CO. LTD.

(Authorised Signatory)

\*Address as mentioned below.

This policy is not valid unless it is countersigned by an authorised signatory

Stamp duty of Rs. 5.00/- is paid as provided under Article Policy of Insurance 47C(b) of Indian Stamp Act,1899 and included in Consolidated Stamp Duty Paid to the Government of Maria Pastra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, MUMBAI-400001. Vide This Order No.( NO. LOA/CSD/347/407270/ejijiji Region Dt. 15/04/2022 To Dt. 31/03/2023/1566, Dated 07-04-2022.).



Janskrithi School of Engineering Beedupalli Road, Prasanthingram, PUTTAPARTHI - 515 134. Anantapuramu (Dt) A.P.



Policy Servicing Office:	iervicing Office: 1st Floor D.No.7-1-21a Apdl Estate Opp Country Club Begumpet, Hyderabad, Telangana - 500016. Phone: +91 040-66 22 67001606			
Policy Number	: FGP-15-22-7006858-00-000	Period of Insurance Intermediary Name/Code	From 22 Apr 2022 To midnight of 21 Apr 2023  : MAMILLAPALLI PRADYUMNA KOWSIK / 6009038	
Proposer Address	: SANSKRITHI SCHOOL OF ENGINEERING : C/O.SANSKRITHI SCHOOL OF, BUSINESS		:	
	BEHIND SATYASAI, SUPER SPECIALITY HOSPITAL, ANANTAPUR, PUTTAPARTHI,		: Slbginsurance@gmail.com	
	ANANTAPUR,PUTTAPARTHI, ANDHRA PRADESH - 515134	Previous Policy No	: NA	
Beneficiary Type	: Nominee/Insured			

In consideration of the Policyholder named herein paying to the Future Generali India Insurance Company Limited (hereinafter called the Insurer) the premium as stated in the Schedule and in reliance upon the statements made by the Policyholder in the proposal including its attachments or otherwise, and the material incorporated therein, the Insurer agrees to provide insurance against loss damage liability or expense to the extent and in the manner herein provided subject to all terms, conditions, exceptions and warranties hereinafter set forth.

	Co-insurance Detail	s	Schedule Of I	Premium (Rs.)		
	Insurer	Share (In %)	Total Sum Insured	37500000.00		
Future Generali	India Insurance Company Limited	100%	Gross Premium Goods and Service Tax	13095.00 2357.10		
* **	)		Total Premium	0.00 0.00 15452.00		
		Schedule of	Insured Persons			
		Detailed List As p	per Annexure Attached			
Location:		C/O.SANSKRITHI SCHOOL OF, BUSINESS BEHIND SATYASAI, SUPER SPECIALITY HOSPITAL,				
Business		New Business				
Total Number of Insured Persons Covered		750				
Member		750				
Dependents		O - 1				
Type of Policy		Individual				
Employer-Employee Relationship		No Yes and the state of the				
Policy Basis(Duration)		Yearly basis				
The state of the s	And the state of t	Benefi	its Covered	Continue de partir de partir		
Group1	Accidental Death					
	Permanent Total Disablement					
g 18	Permanent Partial Disablement					
pri de dont l'Odd	A STATE OF THE PARTY OF THE	Addition	nal Coverages			
Group1	NA .					



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